

STATEMENT OF HEALTH AND SAFETY ORGANISATION

RDM Nuffield Division of Clinical Laboratory Sciences

As Head of RDM Nuffield Division of Clinical Laboratory Sciences (RDM-NDCLS), I am responsible for ensuring compliance with the University Health and Safety Policy.

My responsibilities are set out in Annex 1, and I have delegated some of these responsibilities to others, as set out in Section 1, with names listed in Annex 2. Locations of all rooms that constitute NDCLS are shown in Annex 3.

1. EXECUTIVE RESPONSIBILITY FOR SAFETY

Every employee with a supervisory role is responsible for ensuring the health and safety of staff, students, of other persons within their area of responsibility, and of anyone else (e.g. contractors and other visitors) who might be affected by their work activities. In particular, the responsibilities listed in the Annex are delegated to supervisors for areas under their control.

As it is my duty to ensure adherence to the University's Health and Safety Policy, I instruct every employee with a supervisory role, the RDM-NDCLS Departmental Safety Officer (DSO), and the Medical Sciences Divisional Safety Officer (MSD DivSO), to report to me any breach of the Policy.

All those with executive responsibility should notify me, the DSO and the MSD DivSO of any planned, new, or newly identified significant hazards in their areas, and of the control measures needed to avert any risks identified.

Where supervisors or others in charge of areas, or with specific duties, are to be absent for significant periods, adequate substitution must be made in writing to me, and such employees and other persons as are affected. Deputising arrangements must be in accordance with University Policy.

The following employees have executive responsibility throughout RDM-NDCLS for ensuring compliance with the relevant part of University Safety Policy:

- The RDM-NDCLS Business Manager is responsible for making arrangements for visitors, and for ensuring the necessary risk assessments have been made.
- These duties in relation to contractors fall to the RDM-NDCLS DSO.
- At present, we do not do any work with radioactive sources within RDM-NDCLS, so no Radiation Protection Supervisor (RPS), nor appropriate committee, is necessary.

In the following areas of RDM-NDCLS (see Annex 3), the persons named below have executive authority for safety:

RESPONSIBLE PERSON(S)	ROOM/LOCATION	USE
RDM-NDCLS DSO, Dr. H. Dolatshad & Dr. D. Royston	4834A-D, 4826 including 4826A-E, 4836, 4824, 4811,4809, 4805, 4807, 4820, 4822, 4824, 4828 Level 4, JR2	Labs & Offices
RDM-NDCLS DSO	5501 including 5501A-E, Level 5, JR2	Lab & Office
RDM-NDCLS DSO	4A10A, 4A11, 4A12, 4A12A, 4A12B, 4A13, 4A14, 4A14A, 4A15, 4A17, 4A17A, 4A20, 4A22, 4A25A, 4A120, 4A121, 4A122, 4A123A	Labs, Offices, Pathology Store, MIU, Meeting Spaces and Kitchen

	& B, 4A124, 4A125, 4A126, 4A127, 4A128, 4A129, 4A130, 4A131 Level 4, Academic Centre, JR2	
Dr. A. Ghosh & RDM-NDCLS DSO	4A25, Level 4, Academic Centre, JR2	Museum
RDM-NDCLS DSO, BSO & Ms Liz Siggs	4808 & 4814, Level 4, JR2 (used jointly with NHS)	Cold/Instrument room
Professor A. Schuh & Oncology DSO	4709, 4711, 4720, 4734 Level 4, JR2 (used by Department of Oncology)	Labs & Offices
Professor D. Crook & Mr. G. Steers	7703A, 7703B, 7705, 7709, 7714, 7718, 7720, 7722, 7724, 7724A, 7730, 7732 Level 7, JR2 (Used by NDM Experimental Medicine)	Labs & Offices, hot room and cold room
RDM-NDCLS DSO & Mrs. S Roberts-Gant	1A716, 1A721, 1A722, 1A723, 1A724, 1A728, Level 1, Academic Centre, JR2 (used jointly with NHS)	Labs & Offices
RDM-NDCLS DSO & Dr. D. Royston	1A451 Level 1, JR2	Office (ORB/OCHRe)

2. ADVISORY RESPONSIBILITY FOR SAFETY

I have appointed those listed below to advise me on matters of health and safety within RDM-NDCLS. If any member of RDM-NDCLS does not take their advice, they should inform me. If they discover danger that requires immediate action, they are authorised to take the necessary action and inform me subsequently.

RDM-NDCLS Departmental Safety Officer (DSO)

The DSO is responsible for

- a) advising me on the measures needed to carry out the work of RDM-NDCLS without risks to health and safety
- b) coordinating any safety advice given in RDM-NDCLS by specialist advisors and the University Safety Office
- c) monitoring health and safety within RDM-NDCLS and reporting any breaches of the Health and Safety Policy to me
- d) informing me and the Director of the University Safety Office of any significant new hazards are to be introduced to RDM-NDCLS.

The DSO's duties are described in [University Policy Statement S1/01 'Duties of Departmental Safety Officers'](#).

The **RDM-NDCLS Deputy Safety Officer (DDSO)** assists with the above duties.

To further assist in this work, RDM-NDCLS has the Medical Sciences Divisional Safety Officer (DivSO) to support the DSO in an administrative, monitoring and advisory role.

RDM-NDCLS Fire Safety Officer (FSO)

The FSO is responsible for advising the DSO on all matters relating to fire precautions and fire prevention in compliance with [University Policy Statement S1/21 'Fire Safety Management'](#).

The **RDM-NDCLS Deputy FSO** assists with the above duties.

The provision and maintenance of fire safety equipment and fire-fighting equipment is the responsibility of Oxford University Hospitals NHS Trust.

RDM-NDCLS Biological Safety Officer (BSO)

The BSO is responsible for advice on all matters relating to biological safety, and in particular on the implementation of [University Policy Statement S5/09 'Biorisk Management'](#). The BSO's duties are described in this policy statement.

The **RDM-NDCLS Deputy BSO** assists with the above duties.

Biological Safety and Genetic Modification risk assessments are located on the Health & Safety (H&S) pages of the RDM-NDCLS website (intranet behind single sign-on (SSO) login).

RDM-NDCLS Safety Advisory Committee

In addition to the above arrangements, I have the RDM-NDCLS Safety Advisory Committee, whose functions are set out in [University Policy Statement S2/01 'Departmental Safety Advisory Committees'](#) and whose membership comprises:

RDM-NDCLS SAFETY ADVISORY COMMITTEE
Head of RDM-NDCLS
RDM-NDCLS Departmental Safety Officer
RDM-NDCLS Deputy DSO
Medical Sciences Division Safety Officer
RDM-NDCLS Biological Safety Officer
RDM-NDCLS Deputy Biological Safety Officer
RDM-NDCLS Fire Safety Officer
RDM-NDCLS Deputy Fire Safety Officer
RDM-NDCLS Business Manager
RDM-NDCLS Departmental Laser Supervisor
RDM-NDCLS Departmental Electrical Safety Officer
RDM-NDCLS Radiation Protection Supervisor
DI for HTA licence 12217 (Designated Individual, Human Tissue Authority)
NDCLS-PD Person Designated
NHS Liaison Officer
NHSBT Safety Representative
RDM-NDCLS Student Representative

The Committee's terms of reference are to advise on safety policy within RDM-NDCLS.

It meets three times during the year (i.e. termly).

RDM-NDCLS Radiation Protection Committee

The RDM-NDCLS Radiation Safety Committee, whose functions are set out in [University Policy Statement S1/12 'Ionising Radiation'](#), is not currently required as no work with radioactive sources is being undertaken.

It would meet at least once a year if required.

Genetic Modification Safety Committee

[University Policy Statement S5/09 'Biorisk Management'](#) advises that a Genetic Modification Safety Committee is set up and this it should meet once a year. In RDM-NDCLS GM matters are typically addressed at the termly Safety Advisory Committee meeting, and this includes reviewing risk assessments, recommending categories, and approval of experiments involving Genetic Modification before work starts.

3. OTHER SAFETY FUNCTIONS

First aid

Named first aiders (NFAs) are appointed in accordance with [University Policy Statement S4/14 'First Aid'](#). Assistance may also be sought from any other medically qualified staff in the areas adjacent to RDM-NDCLS spaces who agree to act as a First Aider.

The Accident & Emergency Department on Level 1 of the John Radcliffe Hospital can also be contacted (20208/20209), and emergency assistance can be obtained by dialling 4444 from any hospital phone, or 2222 in the event of a cardiac arrest.

First Aid boxes are in all research laboratories – 4A10A, 4807, 4826D and 5501, and in the NDCLS Pathology Museum (4A25), Printing room (4A25A) and Admin Tea room (4A130).

Our Mental Health First Aider (MHFAs) are dispersed within RDM and their names are listed on the [RDM Mental Health Support](#) webpage.

Accident and incident reporting

The DSO is responsible for ensuring that accidents/incidents and near-misses are investigated promptly once they have been reported via the online Incident Reporting and Investigation System (IRIS). All staff and students bear the responsibility of reporting an incident as quickly as possible and the DSO can assist with this if required. This is in accordance with [University Policy Statement S3/21 'Health, Safety and Environment Incident Reporting and Investigation'](#). Posters with QR codes linking directly to IRIS are on display throughout RDM-NDCLS.

Display screen equipment

In accordance with [University Policy Statement S8/09 'Display Screen Equipment Regulations'](#) I have appointed an RDM-NDCLS Display Screen Assessment Coordinator, which is sufficient to ensure no one must assess more than 50 persons annually.

Manual handling assessor

I have appointed the DSO as Manual Handling Assessor in accordance with [University Policy Statement S2/21 'Manual Handling'](#).

RDM-NDCLS Departmental Laser Supervisor (DLS)

The DLS is responsible for advising on the use of laser systems and in particular for the implementation of [University Policy Statement S2/09 'Laser Safety'](#), which also outlines the other duties of a DLS. The laser register and risk assessment documents can be found on the H&S pages of the RDM-NDCLS website.

RDM-NDCLS Departmental Electrical Safety Officer (DESO)

The DESO is responsible for advising on the use of electrical equipment and for the implementation of [University Policy Statement S4/10 'Working Safely with Electricity'](#). Janus Safety Solutions Ltd, an external third-party contractor, is responsible ensuring regular portable appliance testing in accordance with the above policy. Equipment in laboratories is tested on an annual basis, and

equipment in offices is tested every two years, in line with our risk assessment. Visual checks of equipment are carried out and recorded by area safety representatives, approximately six months after each PAT visit. Provision and maintenance of electrical supply, including, fixed wire testing, is the responsibility of OUH NHS Trust.

4. TRADES UNIONS AND APPOINTED SAFETY REPRESENTATIVES

[University Policy Statement S2/13 'Safety Representatives'](#) sets out the arrangements for dealing with trade unions and their appointed safety representatives. Employees who wish to consult their Union safety representatives should contact the senior safety representative of the appropriate trade union.

- UCU (University and College Union): <https://hr.admin.ox.ac.uk/academic-and-academic-related-ucu>
- Unite (was Amicus): <https://users.ox.ac.uk/~unite/>
- UNISON: <https://branches.unison.org.uk/branch/oxford-university-colleges/>

5. INDIVIDUAL RESPONSIBILITY

All University employees, all students and all other persons entering onto RDM-NDCLS premises, or who are involved in RDM-NDCLS activities, have a duty to exercise care in relation to themselves and others who may be affected by their actions. Those in immediate charge of visitors and contractors should ensure that those persons adhere to the requirements of University Health and Safety Policy.

Individuals must

- a) Make sure that their work is carried out in accordance with University Safety Policy.
- b) Protect themselves and others by properly using any safety equipment or devices (e.g. machinery guards) provided.
- c) Protect themselves by properly wearing any personal protective equipment that is required.
- d) Obey all instructions emanating from the Head of RDM-NDCLS in respect of health and safety.
- e) Warn me, the DSO and/or MSD DivSO of any significant new hazards to be introduced to RDM-NDCLS, or of newly identified significant risks found on the premises or in existing procedures.
- f) Ensure that their visitors, including contractors, have a named contact within RDM-NDCLS with whom to liaise.
- g) Attend training where managers identify it as necessary for health and safety.
- h) Register and attend for health surveillance with the Occupational Health Service when required by University Safety Policy.
- i) Report all fires, incidents, and accidents immediately to the DSO and on IRIS (Incident Reporting and Investigation System).
- j) Familiarise themselves with the location of fire-fighting equipment, alarm points and escape routes, and with the associated fire alarm and evacuation procedures.

Individuals should

- a) Report any conditions, or defects in equipment or procedures, that they believe might present a risk to their health and safety (or that of others) so that suitable remedial action can be taken.
- b) Offer any advice and suggestions that they think may improve health and safety.
- c) Note that University Policy Statements are available on the web at [OxIntranet-health-safety-wellbeing-policy-statements](#)

6. SPECIFIC SIGNIFICANT RISKS

The following areas/activities have been identified as significant risks in RDM-NDCLS spaces or for RDM-NDCLS staff:

- **Asbestos.** Asbestos and/or asbestos-containing materials may be present within the spaces that RDM-NDCLS occupy. Any procedure that may risk an exposure to asbestos and/or asbestos-containing materials must only be done in conjunction with Oxford University Hospitals Estates department, who hold the asbestos register for the OUH buildings. A register of equipment known or suspected to contain asbestos should be compiled as provided to the University Estates Compliance Team in accordance with [University Policy Statement S1/22 'Asbestos Management'](#). Emergency procedures in the event of discovery of known or suspected asbestos are to seal the area to restrict access, contain any persons exposed, and contact OUH NHS Trust Estates team on Tel (2)20600.
- **Research Laboratories.** Contain non-ionising radiation equipment (UV light, microwaves), lasers (Class I by design), use of hazardous chemicals, and storage and use of human tissues including relevant material as defined by the Human Tissue Act. Fume hoods, Class I and Class II biological safety cabinets, and laminar flow hoods, are also available in some laboratory spaces.
- **Fire safety.** There is a significant fire-safety risk profile across NDCLS, driven by several immediate hazards: locked or non-fail-safe fire exits, compromised or non-functional fire doors, and an ageing alarm system that no longer provides reliable early detection. Each of these failures directly undermines safe evacuation, but together they create a systemic life-safety vulnerability that exposes staff, students, and critical research operations. Addressing these issues requires urgent, coordinated corrective action, prioritising the reinstatement of compliant escape routes, restoration of fire-door integrity, and integration or replacement of the fire-alarm system to meet current standards.
- **Tissue Culture Areas.** Mammalian tissue culture requiring Class II biological safety cabinets takes place in labs 4A14 (level 4 Academic Centre), labs 4826A and 4836 (Level 4 main hospital), and labs 5501 and 5501C (level 5 main hospitals). These are now maintained by Crowthorne Hitec Services Ltd (previously by Environmental Validation Solutions Ltd). These spaces also contain compressed gas cylinders, typically carbon dioxide for supplying tissue culture incubators, but also nitrogen for creation of low oxygen environments within incubators. These are rented from BOC Ltd, delivered to the rooms by the OUH NHS Trust Medical Gases team. Only the required number of cylinders are securely stored in lab spaces

with spares being stored in the OUH NHS Trust Medical Gases compound. All gas cylinder regulators are regularly maintained by DCGE Ltd. Air quality monitors are in place in lab 4826A due to the high number of CO₂ incubators present in a small room.

- **Microbiology Spaces.** Level 4 Academic Centre research labs 4A10A and 4A17, Level 4 Main Hospital research lab 4826, and Level 5 research lab 5501 are used for microbiological work.
- **RDM-NDCLS Cryostorage Facility.** Located in Level 4 Academic Centre room 4A10B. Use of liquid nitrogen for long-term storage of cells and tissues including relevant material as defined by the Human Tissue Act. Access is restricted to trained personnel requiring annual refresher. Oxygen monitoring systems are in place and maintained by Labmode Ltd.
- **Animal Use.** Located in Level 4 Clinical Biochemistry room 4834B. This room is used for Schedule 1 sacrifice and post-mortem organ recovery. This room is included on the list of designated rooms for the University and is monitored regularly by the Biomedical Services team in accordance with Home Office requirements. A number of RDM-NDCLS staff and students access the Biomedical Services Unit for regulated procedures. All those in a position of responsibility hold relevant personal and/or project licences and have appropriate, and required, training and competency assessments. The Director of Biomedical Services (BMS) shares responsibility with the Head of RDM-NDCLS for the health and safety of staff under his/her control, for ensuring that risk assessments are produced and implemented for their activities and for ensuring that work with animals is carried out in accordance with University policy. All staff/students exposed to laboratory animal allergens are registered for the relevant health surveillance programme through the University Occupational Health Service in accordance with [University Policy Statement S3/13 'Prevention of Laboratory Animal Allergy'](#).
- **Human Tissues.** All staff/students working with human tissues must complete training on the Human Tissue Act and its related codes of practice. This training must be undertaken before starting work with human samples and updated every two years. Compliance is monitored by the Research Governance, Ethics and Assurance Team. Most work with human tissue is carried out under REC approval but the collections in the Museum (4A25) and the Oxford Radcliffe Biobank samples in the RDM-NDCLS Cryostorage Facility (4A10B), are all held under HTA Licence 12217. The HTA Designated Individual (DI) is responsible for supervising licensed activities and ensuring suitable practices are taking place on licensed premises; they are supported within RDM-NDCLS by a Person Designated (PD). All staff/students working with unfixed human tissues are registered for the relevant health surveillance programme through the University Occupational Health Service in accordance with [University Policy Statement S5/09 'Biorisk Management'](#).
- We store highly flammable and flammable liquids in the research labs but only in amounts of less than 10 L.
- **RDM-NDCLS Staff/Students Based On, or Accessing, Other Sites.** A number of RDM-NDCLS, or RDM-NDCLS-affiliated, staff and students are based in other, non-University, sites including NHS Blood & Transplant Oxford (NHSBT) and the Nuffield Orthopaedic Centre. Whilst the main safety responsibilities are held by the third-party organisations, RDM-NDCLS maintains an oversight of arrangements and remains available to assist in any manner that may be required. Agreements for each specific location are in place, signed by all parties, which document the H&S responsibilities of both parties. RDM-NDCLS staff/students who require access to other spaces e.g. Weatherall Institute of Molecular Medicine, are expected to comply with any required conditions of acceptance including local H&S inductions or training required by the host site.

- **Non-RDM-NDCLS Staff/Students Based in RDM-NDCLS Spaces.** A number of staff from Nuffield Division of Surgical Sciences (NDS) are located in RDM-NDCLS spaces (notably offices 1A451 and 4824, and bays 1 and 2 of lab 4826). They also access the RDM-NDCLS Cryostorage Facility (see above). NDS maintains responsibility for their overall H&S, including H&S inductions and training; RDM-NDCLS maintains H&S responsibility for space and equipment maintenance, and any local inductions or training pertinent to the spaces used.

A number of NHSBT employees are also located in RDM-NDCLS spaces (notably offices 4A13 and 4A129, and labs 4A10A and 4A14), as well as having access to the RDM-NDCLS Cryostorage Facility. H&S responsibilities for these people lies within RDM-NDCLS. Any H&S issues will also be reported back to NHSBT.

Ad hoc visits to RDM-NDCLS spaces of staff from other departments e.g. to use a specific piece of equipment, is with the permission of the relevant RDM-NDCLS group/area head, and the visitor is supervised at all times; longer-term/more regular visitors receive local space inductions. Specific risk assessments are required for visitors from outside the University of Oxford, including any work experience visitors (over the age of 16 only).

Where RDM-NDCLS spaces are sublet to other departments (e.g. Oncology, NDM), responsibility for H&S within those spaces is also transferred to the tenants although this has not been formally documented. RDM-NDCLS would always remain available for advice/assistance in relation to these spaces.

- **Aging Infrastructure of Building.** RDM-NDCLS inhabits space that is owned and maintained by Oxford University Hospitals Foundation Trust (OUHFT). Over the years, the chronic under-maintenance of the buildings has resulted in issues that we are unable to control, or mitigate for, due to lack of engagement from OUHFT.

7. SOURCES OF INFORMATION

Information can be found online through the Health & Safety pages of RDM-NDCLS website at <https://www.rdm.ox.ac.uk/intranet/facilities-and-health-safety>. In addition, the University Safety Office has its own website that can be accessed by all staff and students at [OxIntranet-health-safety-wellbeing](#).



Professor Deborah Gill
Head of RDM-NDCLS

Date: 8 June 2026

ANNEX 1

It is my responsibility, as Head of RDM-NDCLS, directly or through written delegation

- a) To ensure adherence to the University's Health and Safety Policy and to ensure that sufficient resources are made available for this.
- b) To plan, organise, control, monitor, and review the arrangements for health and safety, including the arrangements for students, contractors, and other visitors, and to strive for continuous improvements in performance.
- c) To carry out general and specific risk assessments as required by health and safety legislation and University Safety Policy.
- d) To ensure that all work procedures under my control are, as far as is reasonably practicable, safe and without risks to health.
- e) To ensure that training and instruction have been given in all relevant policies and procedures, including emergency procedures.
- f) To keep a record of all cases of ill health, accidents, hazardous incidents and fires, to report them to the University Safety Office, and to ensure any serious or potentially serious accidents, incidents, or fires are reported without delay.
- g) To inform the University Safety Office before any significant hazards are introduced or when significant hazards are newly identified.

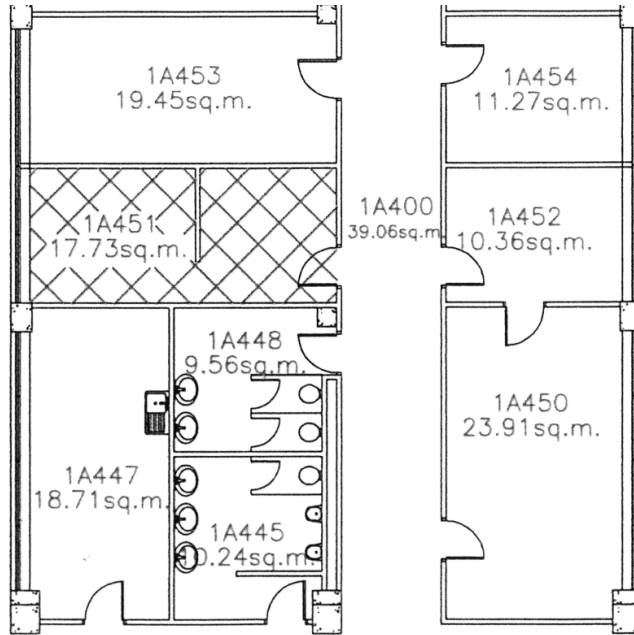
ANNEX 2

Positions of Responsibility listed in this document

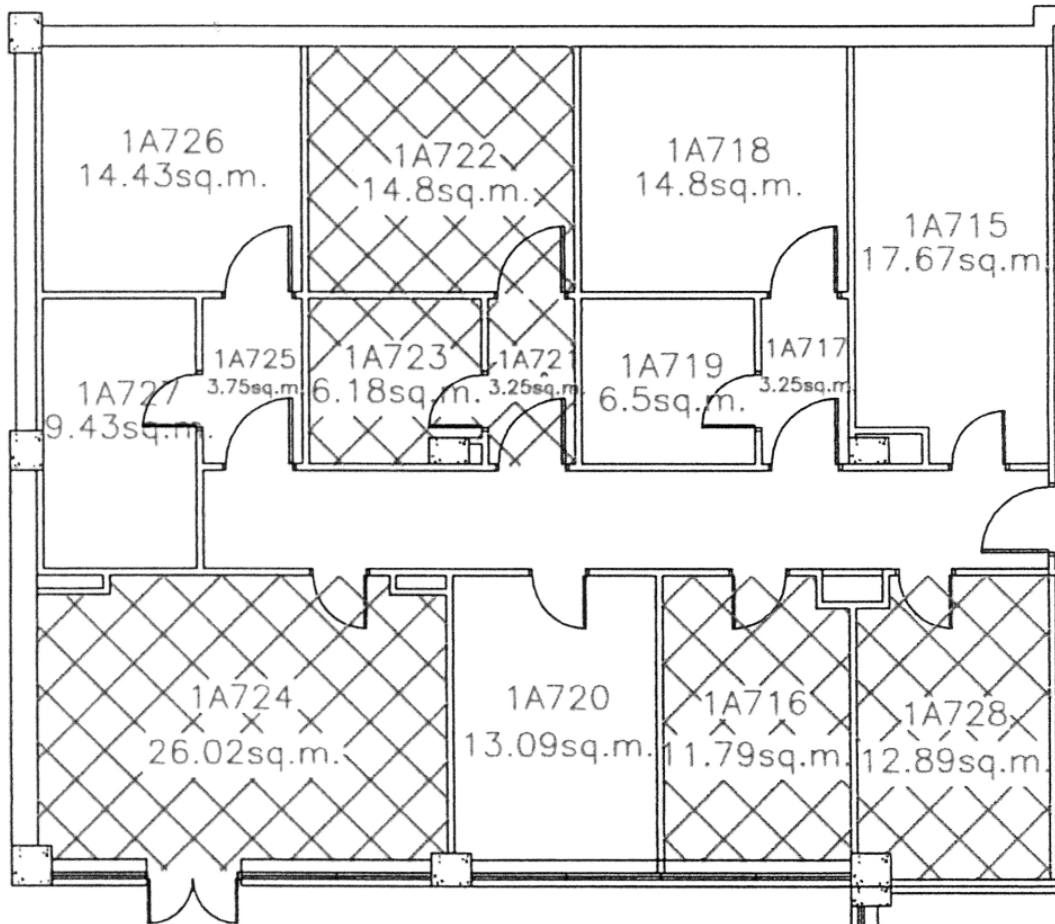
Title	Acronym	Named Individual
Head of RDM-NDCLS		Professor D. Gill
RDM-NDCLS Departmental Safety Officer	DSO	A. Pandey
RDM-NDCLS Deputy DSO	DDSO	Dr S. Cai
Medical Sciences Division Safety Officer	MSD DivSO	Dr A. Anderson / Dr P. Ciccone
RDM-NDCLS Biological Safety Officer	BSO	Professor S. Hyde
RDM-NDCLS Deputy Biological Safety Officer	DBSO	Dr H. Dolatshad
RDM-NDCLS Fire Safety Officer	FSO	A. Pandey
RDM-NDCLS Deputy Fire Safety Officer	DFSO	vacant
RDM-NDCLS Departmental Laser Supervisor	DLS	Dr S. Cai
RDM-NDCLS Departmental Electrical Safety Officer	DESO	Dr K. Miah
RDM-NDCLS Radiation Protection Supervisor	RPS	Not Required
RDM-NDCLS Display Screen Equipment Assessment Coordinator	DSEAC	A. Pandey
Department of Oncology Departmental Safety Officer	Oncology DSO	Dr S. Berg
RDM-NDCLS Business Manager		Mrs. L.-A. Stork
RDM-NDCLS Staff Representatives		Dr H. Dolatshad Dr S. Cai Dr S. Jones Dr D. Maldonado-Perez Mr S. Minay Mrs L.-A. Stork Dr S. Gates
Designated Individual for HTA licence 12217	DI	Dr B. Shine
Person Designated for HTA collections in NDCLS	PD	Professor D. Kerr
NHS Liaison Officer		Dr B. Shine
NHSBT Safety Representative		Ms A. Lamikanra
RDM-NDCLS Student Representative		V. Chugh
Named First Aider	NFA	Dr. D. Hay Ms J. Debra-Donker Mrs L.-A. Stork Dr H. Dolatshad
Mental Health First Aider	MHFA	See RDM Mental Health Support

ANNEX 3

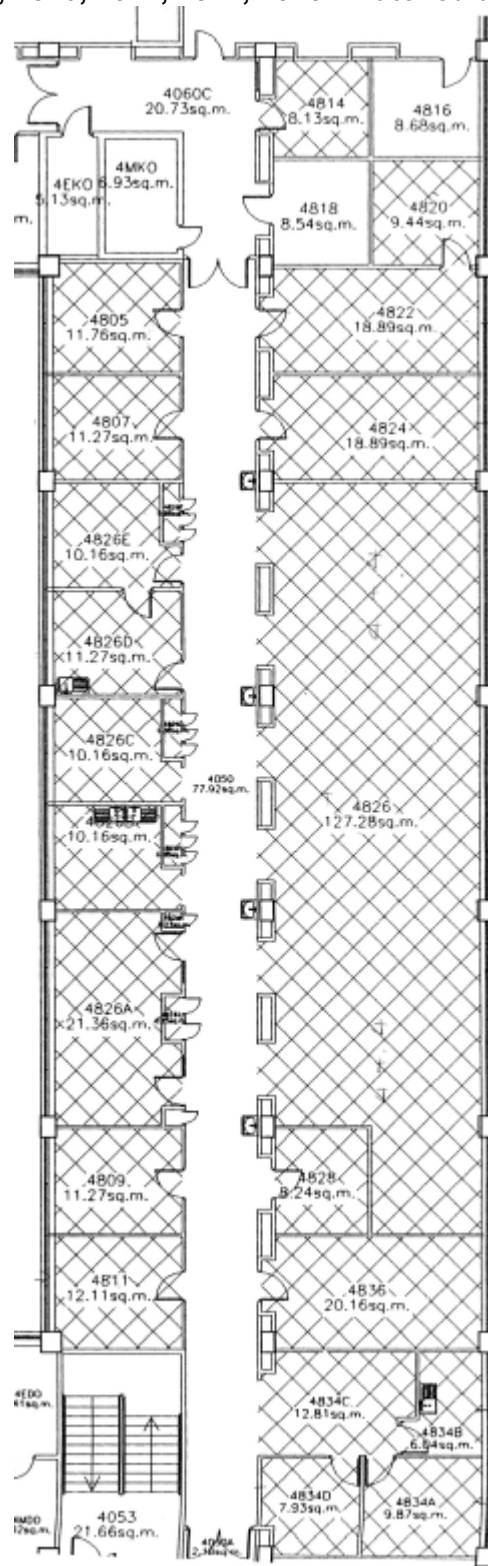
John Radcliffe Hospital Level 1 (1A451 – hatched area)



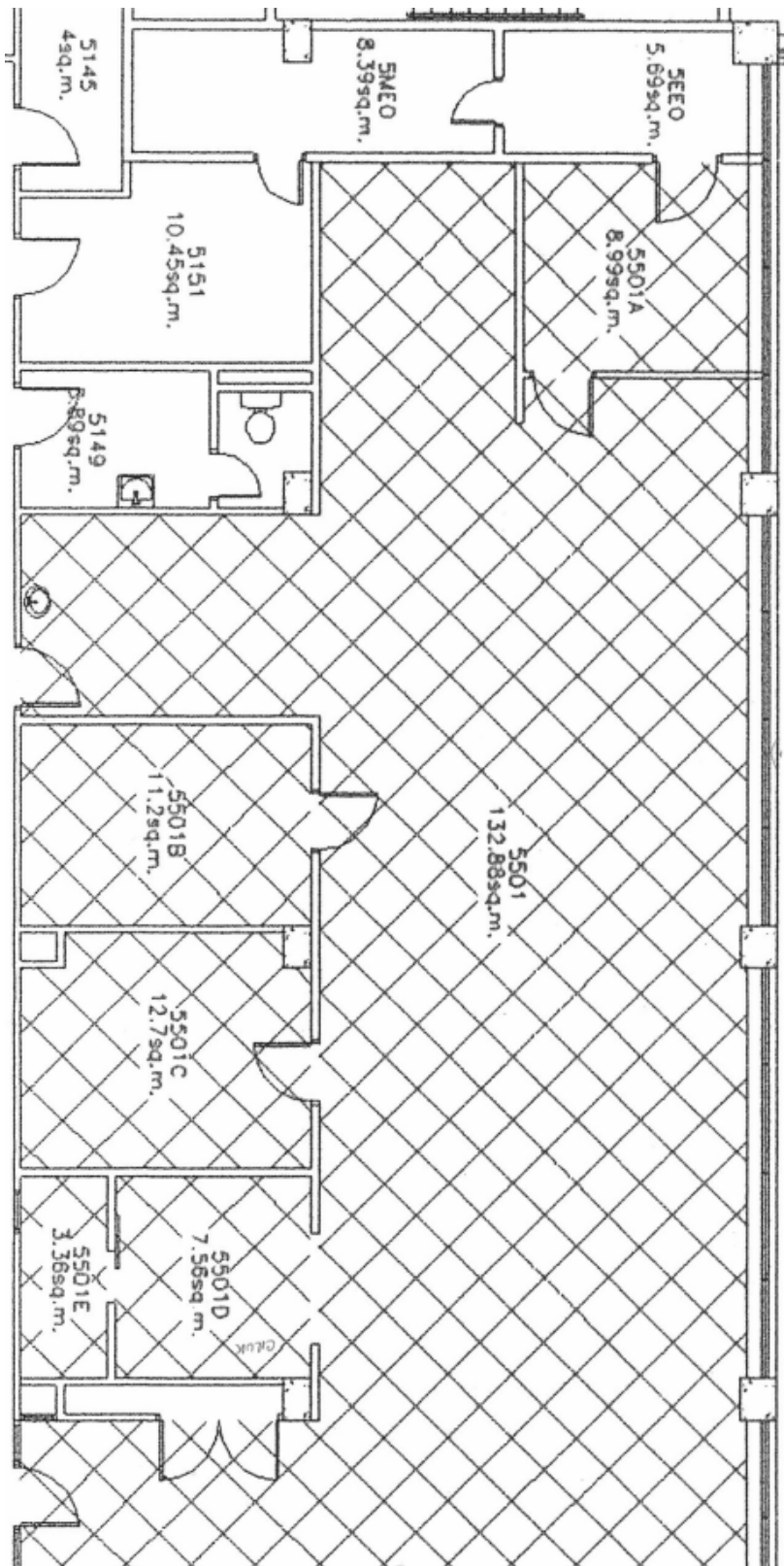
John Radcliffe Hospital (JR2) Level 1 (1A716, 1A721, 1A722, 1A723, 1A724, 1A728 – hatched areas)



John Radcliffe Hospital (JR2) Level 4 (4834A-D, 4826 including 4826A-E, 4836, 4824, 4811, 4809, 4805, 4807, 4820, 4822, 4824, 4828 – hatched areas)



John Radcliffe Hospital (JR2) Level 5 (5501 including 5501A-E – hatched areas)



John Radcliffe Hospital (JR2) Level 7 (7703A, 7703B, 7705, 7709, 7714, 7718, 7720, 7722, 7724, 7724A, 7730, 7732 – blue hatched areas)

